U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Place DROP		
1. File Number U - 4/70 7	2. Fiscal Year Covered From:  01 / 01 / 04 Through: 12 / 31 / 04	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name James D. Annis	Name Laborers' Local NO. 113	
	Labor Organization File Number 015-279	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 6310 W. Appleton Ave.	Street 6310 W. Appleton Ave.	
City Milwaukee	City, Milwaukee	
State Wisconsin ZIP Code + 4 53210	State Wisconsin ZIP Code + 4 5 3 2 1 0	
5. Position in labor organization. Business Representati	ve .	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including	trade name, if any).	7.a. Nature of Interest	, Transaction, or Income.	
Name				***
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any		7.b. Amount.		 
Street				
City				
State	ZIP Code + 4			

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

		6-		*
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Signed			(M	M

On <u>8/5/05</u>

Date

414- 873-4520

Telephone Number

## **Laborers Local #113**

The transactions, dealing and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	X b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Building Trades United Pension Fund Trade Name, if any:	Pension Fund		
P.O. Box, Bldg., Room No., if any P O Box 530			
Street 500 Elm Grove Rd. Room 300	11.b. Approximate dollar value of such dealing.		
City Elm Grove	12.a. Nature of interest held or income received.		
State WI ZIP Code + 4 53122 - 0530	Lunches for full Board meetings.		
	\$125.65		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organiza	tion
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City State ZIP Code + 4		
	11,a. Nature of such deali	na.
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Figure 1 arxy Momt  Assoc	•	
riductary right. Assoc.	Investment	Manager for Pension Fund
Trade Name, if any: \$352,000.00  P.O. Box, Bldg., Room No., if any		
	4	
33 W. MONTOE St. Suite 2550	11.b. Approximate dollar valu	
City Chicago State IL ZIP Code + 4 60603	Dinner in New national Four	orleans at Inter- adation Conference for
	myself and wi	ie.
	12.b. Amount.	***
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		•
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	•

Name of Person Filing	9		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address	of Business (including trade name, if any).	9. Business deals with:	
Name		a. Labor Organiza	tion
Trade Name, if any:		X b. Trust	
P.O. Box, Bldg., Roor	m No., if any	c. Employer	
Street			
City			
State	ZIP Code + 4		
10. If 9.b. or 9.c. is ch	ecked give trust or employer's name.	11.a. Nature of such deali	ing.
Name	Building Trades United	Pension Fund	
Trade Name, if any:	Pension Trust Fund		
P.O. Box, Bldg., Roor	n No., if any POBox 530		
Street	500 Elm Grove Rd. Room 300	11.b. Approximate dollar valu	ue of such dealing.
City	Elm Grove	12.a. Nature of interest hel	ld or income received.
State	WI ZIP Code + 4 53122-0530	Lodging, fli Expenses at New Orleans.	InternationalFoundation
		\$3,494.89	
		12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and addre	ess of Employer or Labor Relations Consultant ame, if any).	14.a. Nature of payment.	-
Name			
Trade Name, if any:			
P.O. Box, Bldg., Roo	m No., if any		
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business	s an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing	File Nulliber 0-		
B. Held an interest in or derived income or economic benefit with monetary value <b>from</b> a <b>business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	D. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4	·		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Delta Dental	Dental Provider for Health Fund.		
Trade Name, if any:	\$220,000.00		
P.O. Box, Bldg., Room No., if any			
Street 1233 N. Mayfair Rd. Room 204,	11.b. Approximate dollar value of such dealing.		
City Milwaukee	12.a. Nature of interest held or income received.		
State WI ZIP Code + 4 53226	Round of Golf		
	\$35.00		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City .		
State ZIP Code + 4	·	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Levinson Simon & Sprung Trade Name, if any:	Accountant for District Council & Local NO. 113	
P.O. Box, Bldg., Room No., if any	\$50,000.00	
Street 566 W. Lake St. Suite 3W	11.b. Approximate dollar value of such dealing.	
City Chicago	12.a. Nature of interest held or income received.	
State II. ZIP Code + 4 60661	Dinner in New Orleans during Inter- national Conference for wife and myself.	
	12.b. Amount. \$165.70	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street	e e	
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZiP Code + 4	·	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Fifth Third Bank	Potential Investment Manager	
Trade Name, if any:	for Health and Pension.	
P.O. Box, Bldg., Room No., if any		
Street 1404 East Ninth St. 6th Floor	11.b. Approximate dollar value of such dealing.	
City Cleveland	12.a. Nature of interest held or income received.	
State OH ZIP Code + 4 44114	Lunch and Golf	
	\$100.00	
	40 L. Amount	
	12.b. Amount.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	der parts A and B above) y or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	